## GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR OFFICE OF BOARDS AND COMMISSIONS



Director Office of Boards and Commissions Executive Office of the Mayor 441 Fourth Street, N.W., Room 530-South Washington, D.C. 20001

## Dear Director:

OBC Form 5

I hereby affirm that my taxes comply with **Federal and Commonwealth of Virginia** laws through tax year 2002. I understand that this information is merely for the purpose of determining and verifying residence and does not include disclosure of my actual tax returns. I further understand that the verification that is received is not subject to dissemination to any individual outside of the Office of Boards and Commissions.

	(Please Print Name)
	(Signature)
	(Date)
(Please	Provide and Print Your Social Security Number,
	(Home Telephone Number)

(202) 727-1372 Fax: (202) 727-2359

Rev. 3/03

## GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR OFFICE OF BOARDS AND COMMISSIONS



## **TAX WAIVER FORM**

This form is a Waiver Form for the Release of Virginia Tax Information from the Virginia Department of Taxation. <u>Please return by facsimile to (202) 727-2359.</u>

	(Date)
(Name of Taxpayer and Spouse if Tax Returns are Filed Jointly.)	
(Address of Taxpayer)	
I hereby give the Department of Taxation, Commonwealth of Virginia, consent to rel	lease my tax information to an
authorized representative of the Office of Boards and Commissions. I understand that	the information released under this
consent will be limited to whether or not I am in compliance with the Commonwealth	of Virginia's tax laws and regulations
as of If I am not in compliance, I further consent that the Virginia	a Department of Taxation may inform
the authorized representative whether or not I am maintaining a payment agreement. I u	anderstand that this information is
merely for the purpose of determining whether or not I am in compliance with the reve	nue laws of the Commonwealth of
Virginia and for verifying my place of domicile, but does not include disclosure of my a	actual tax returns. I further understand
that the information that is received from the Virginia Department of Taxation pursuan	at to this release will be placed in my file
that is maintained by the Office of Boards and Commissions and is not subject to disser	mination to any individual outside of the
Office of Boards and Commissions.	
(Signature of Taxpayer)	
(Зіднасите от тахраўсі)	
(Signature of spouse, if tax return is filed jointly.)	

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